



**Georgia Board of Nursing**  
Professional Licensing Boards Division  
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**FORM C – PRECEPTOR CERTIFICATION FOR REENTRY NURSE**

I, \_\_\_\_\_, certify that \_\_\_\_\_  
Preceptor RN Applicant  
has completed the 160 hours of clinical requirements and can/cannot provide nursing care with reasonable skill and safety. This statement is based on review and observation of skills during clinicals to evaluate the nursing process of assessment, planning, implementation and evaluation. I furthermore rate the overall performance as \_\_\_\_\_.

**Rating Scale**

<b>Outstanding</b>	<i>Demonstrates outstanding skills and abilities.</i>
<b>Exceeds</b>	<i>Consistently demonstrates skills and expected behaviors.</i>
<b>Meets</b>	<i>Performance meets the expectations of the preceptor.</i>
<b>Developing</b>	<i>Exhibits many expected behaviors and needs assistance with less routine problems.*</i>
<b>Unacceptable</b>	<i>Overall performance is significantly below acceptable standards.*</i>

\*Requires explanation of rating.

**Comments:**

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**Agency or Notary Seal**